STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

STATE TREASURER
STATE OF CALIFORNIA

2018 MR 15 PM 12 41

ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST) *PAXSON* (FIRST) *MARK* (MIDDLE)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
STATE TREASURER'S OFFICE

Division, Board, Department, District, if applicable

Your Position
GENERAL COUNSEL

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____   Position: _____

2. Jurisdiction of Office *(Check at least one box)*

☒ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is ___/___/___, through December 31, 2017.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Leaving Office:** Date Left ___/___/___
(Check one)

○ The period covered is January 1, 2017, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)   ► Total number of pages including this cover page: ___1___

Schedules attached

☐ **Schedule A-1** - *Investments* – schedule attached

☐ **Schedule A-2** - *Investments* – schedule attached

☐ **Schedule B** - *Real Property* – schedule attached

☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached

☐ **Schedule D** - *Income – Gifts* – schedule attached

☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☒ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS   STREET
(Business or Agency Address Recommended - Public Document)
915 CAPITOL MALL

CITY *SACRAMENTO*   STATE *CA*   ZIP CODE *95814*

DAYTIME TELEPHONE NUMBER
(916) 653-2995

E-MAIL ADDRESS
MPAXSON@TREASURER.CA.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed *3/13/18*
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
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